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22581 U.S. PTO  
10/7/17409

111803

MAIL STOP: PATENT APPLICATION  
Commissioner for Patents  
P.O. Box 1450  
ALEXANDRIA, VA 22313-1450

**Express Mail No.: EL 992621042 US**  
**Attorney Docket No.: 0492611-0526 (MIT 10181)**  
**DATE FILED: NOVEMBER 18, 2003**

**UTILITY PATENT APPLICATION TRANSMITTAL**

(FOR NEW NONPROVISIONAL APPLICATIONS UNDER 37 C.F.R. § 1.53(B))

Dear Sir:

Please find enclosed a patent application and papers as follows for:

Inventor(s):

Given Name (first and middle)	Family Name or Surname	Residence (City and State or Foreign Country)
Harry	Lee	26 Hemenway Street Apt. 32 Boston, MA 02115

**Title of the Invention: PERISTALTIC MIXING AND OXYGENATION SYSTEM****A) APPLICATION ELEMENTS:**1) \_\_\_\_\_ **Fee Transmittal Form** (original and duplicate submitted for fee processing)2) X **Applicant Claims Small Entity Status** (see 37 CFR §1.27)

a) \_\_\_\_\_ Statement Verifying Small Entity Status

3) X **Specification**TOTAL PAGES: 44

-Descriptive Title of the Invention

-Related Applications

-Background of the Invention

-Brief Description of the Drawings

-Description of Certain Preferred Embodiments of the Invention

-Claim(s)

-Abstract of the Invention

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0492611-0526  
MIT 10181

4) ☒ **Drawing(s)** (35 U.S.C. § 113) TOTAL SHEETS: 19

a) ☐ Formal Drawings (if checked)

TOTAL PAGES 63

5) ☐ **Oath or Declaration**

a) ☐ Newly Executed (copy)

b) ☐ Copy from a prior application (37 C.F.R. § 1.63(d))-for  
continuation/divisional application

c) ☐ Unexecuted

6) ☐ **Application Data Sheet.** See 37 CFR 1.76.

7) ☐ **CD-ROM or CD-R in duplicate, large table or Computer Program  
(Appendix)**

8) ☐ **Nucleotide and/or Amino Acid Sequence Submission** (if applicable, all are  
necessary)

a) ☐ Computer Readable Form (CRF)

b) ☐ Specification Sequence Listing on:

i) ☐ CD-ROM or CR-R; or

ii) ☐ Paper

c) ☐ Statements verifying identity of above copies

d) ☐ Amendment Introducing Sequence Listing

**B) ACCOMPANYING APPLICATION PARTS:**

9) ☐ **Assignment Papers**

10) ☐ **37 C.F.R. § 3.73(b) Statement**

11) ☐ **Power of Attorney**

12) ☐ **English Translation Document** (if applicable)

- 13)\_\_\_ **Information Disclosure Statement (IDS)/PTO-1449**
- 14)\_\_\_ **Copies of IDS Citations**
- 15)X **Return Receipt Postcard (MPEP 503) (specifically itemized)**
- 16)\_\_\_ **Certified Copy of Priority Document(s) (if foreign priority is claimed)**
- 17)\_\_\_ **OTHER:** (if applicable, specified below)

**C) FOR CONTINUING APPLICATIONS:**

\_\_\_ CONTINUATION                      \_\_\_ DIVISIONAL                      \_\_\_ CONTINUATION-IN-PART (CIP)

OF PRIOR APPLICATION NO: \_\_\_\_\_  
 FILED: \_\_\_\_\_  
 EXAMINER: \_\_\_\_\_  
 GROUP/ART UNIT: \_\_\_\_\_

**FOR CONTINUATION OR DIVISIONAL APPLICATIONS ONLY:** THE ENTIRE DISCLOSURE OF THE PRIOR APPLICATION, FROM WHICH AN OATH OR DECLARATION IS SUPPLIED AS DETAILED ABOVE, IS CONSIDERED A PART OF THE DISCLOSURE OF THE ACCOMPANYING CONTINUATION OR DIVISIONAL APPLICATION AND IS HEREBY INCORPORATED BY REFERENCE.

**D.) PRIORITY CLAIM(S):**

This application claims the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America listed below:

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Application Number	Filing Date	Status
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PCT Applications designating the United States:

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Application Number	Filing Date	Status
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This application claims the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Provisional Application(s):

Application Number	Filing Date	Status
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E) METHOD OF PAYMENT OF FILING FEES FOR THIS APPLICATION:

  X   Applicant claims small entity status 37 CFR §1.27

  X   A check is enclosed to partially cover the filing fees.

  X   The Commissioner is hereby authorized to charge additional filing fees or credit any overpayment to Deposit Account Number 03-1721.

Basic Filing Fee (**SMALL** Entity) \$ \_\_\_\_\_

Additional Fees:

Total Number of Claims in excess of 20: (\_\_\_\_ x \$9) \$ \_\_\_\_\_

Number of Independent Claims in excess of \_\_\_\_:(\_\_\_\_ - 3) = \_\_\_\_ x 42 \$ \_\_\_\_\_

Multiple Dependent Claims (\$140): \$ \_\_\_\_\_

**Total Filing Fee:** \$ \_\_\_\_\_

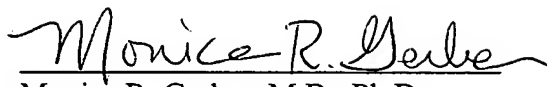
F) CORRESPONDENCE ADDRESS:

  X   Customer Bar Code Number: **24280**

X Correspondence Address:

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Respectfully Submitted,

  
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**Date: November 18, 2003**